

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000167

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: SPCA OF THE TREASURE COAST, INC.

## Current Principal Place of Business:

1008 NE JENSEN BCH BLVD  
JENSEN BCH, FL 34957 US

## New Principal Place of Business:

## Current Mailing Address:

1008 NE JENSEN BCH BLVD  
JENSEN BCH, FL 34957 US

## New Mailing Address:

FEI Number: 65-0542850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAINS, LORI A  
3019 SW VITTORIO ST  
PORT ST. LUCIE, FL 34953 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RAINS, LORI  
Address: 3019 SW VITTORIO ST  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: T ( ) Delete  
Name: BEATTIE, SUSAN  
Address: 5255 SW SAVAGE ST  
City-St-Zip: PALM CITY, FL 34990

Title: T ( ) Delete  
Name: RAINS, ROBERT  
Address: 3019 SW VICTORIO ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: TR ( ) Delete  
Name: BRAGG, PAULA  
Address: 5907 RAINTREE TR  
City-St-Zip: FORT PIERCE, FL 34982

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: LOUISE, JONES  
Address: 533 PONY TRL  
City-St-Zip: MOUNT SHASTA, CA 96067

Title: VP (X) Change ( ) Addition  
Name: RAINS, ROBERT  
Address: 3019 SW VICTORIO ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: TR (X) Change ( ) Addition  
Name: WENDY, WEIBEL  
Address: 90 LAKESHORE TERR  
City-St-Zip: CROSSVILLE, TN 38555

Title: S ( ) Change (X) Addition  
Name: ANNE, SCHAFER  
Address: 3 HIBISCUS CT  
City-St-Zip: JENSEN BEACH, FL 34957

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI RAINS

PD

04/26/2009

Electronic Signature of Signing Officer or Director

Date